



ChemSex; a published, working definition

ChemSex is NOT the same as recreational drug use.

It is a specific form of recreational drug use.

Associated with

Extended sex for many hours/several days.

More extreme sexual practices

Multiple partners

Extreme sexual disinhibition/extreme sexual focus

Unpredictable drug interactions (eg; GBL & alcohol)

Increased injecting use amongst an injecting-naïve population; BBV risks & injecting-related harms

Poor condom use

Poor ARV adherence

Frequent STI's (including a current Shigella outbreak), HIV infections, HCV infection/repeated re-infections

Multipile and repeated use of PEP

Psychosis



56 DEAN STREET DATA, FEB –DEC 2014

874 Unique MSM using (combinations of) Meth, Meph and GBL for sex consented to a brief intervention for drug use support.

71% were **not** specifically seeking drug use support on presentation

- 98% had never previously accessed drug use support.
- 45% reported average of between four and ten partners per episode
- 70% reported no 'chem-free' sex in previous 6 months
- 52% HIV-ve
- 29% were injecting drug users
- Poor ARV adherence not necessarily impacting viral suppression

Of the HIV-ve cohort;

- 55% had done 1 or more courses of PEP
- 10% reported zero condom use for intercourse
- 40% reported using condoms for intercourse less than 50% of the time

Sexually transmitted HCV likely on the rise

56DS prescribed over 1,000 PEPs to gay men engaged in ChemSex since Jan 2014; effectively preventing 1,000 new HIV infections amongst a HCV-high risk group; many of whom are not injecting, not engaged in “fisting”.

This same group may be reluctant to honestly disclose drug taking or high risk sex for fear of judgment, law-breaking, or shame.

Without robust history taking, this group would likely be missed as opportunities for HCV screening.

Of 261,036 sexual health screens performed on HIV-negative MSM at Chelsea & Westminster Trust, 199,618 **were not screened for HCV**

(76%) Ref; McFaul KM, Maghlaoui A, Nzuruba M, et al. Acute hepatitis C infection in HIV-negative men who have sex with men.

ICAAC 2014. September 5-9, 2014. Washington, DC. Abstract V676.

IS THIS A SEX PROBLEM OR A DRUG PROBLEM?

CAN WE SIMPLY REFER THESE PATIENTS TO
SUBSTANCE MISUSE SERVICES?



BE ALERT TO THESE RISKS

High number of sexual partners per ChemSex episode

High frequency of ChemSex episodes

Long gaps between GUM/HIV screens/poor engagement with GUM/HIV/HCV appointments

Consistently poor condom use when using Chems

High number of STIs in last 6 months/multiple HCV re-infections

High frequency of PEP presentations (if HIV-neg)

Seroconversion symptoms that might be disguised as a 'drug high' or drig 'comedown'.

HIV-positive but not on treatment

Consistently poor ARV adherence if HIV –positive (enough to increase infectiousness/jeopardise viral suppression)

Dependent GBL use (daily, beyond 7 consecutive days) which can be associated with potentially fatal withdrawal symptoms if use is abruptly discontinued.



Questions to ask

- “HAVE YOU USED DRUGS BEFORE/DURING SEX IN THE LAST 6 MONTHS?”
“IF YES, WHICH? - MEPHEDRONE/GBL/CRYSTAL METHAMPHETAMINE?”

(I.E; EMPHASIS ON THE RECREATIONAL DRUGS THAT ARE ASSOCIATED WITH GREATER SEXUAL DISINHIBITION/SEXUAL RISK-TAKING).

“IF YES - DID YOU INJECT?”

(TO HIGHLIGHT THOSE NEEDING NEEDLES/INJECTING ADVICE, AND TO ALERT NON-SEXUALLY TRANSMITTED INFECTION RISKS).

FINALLY A QUESTION THAT COULD TRIGGER A CALL TO ACTION/REFLECTION

(EXAMPLES;

‘ARE YOU HAPPY WITH YOUR LEVEL OF DRUG USE?’,

‘WHEN DID YOU LAST HAVE SOBER SEX?’

‘DO YOU FEEL YOUR DRUG USE IS NEGATIVELY IMPACTING YOUR SEX LIFE OR GENERAL WELLBEING?’



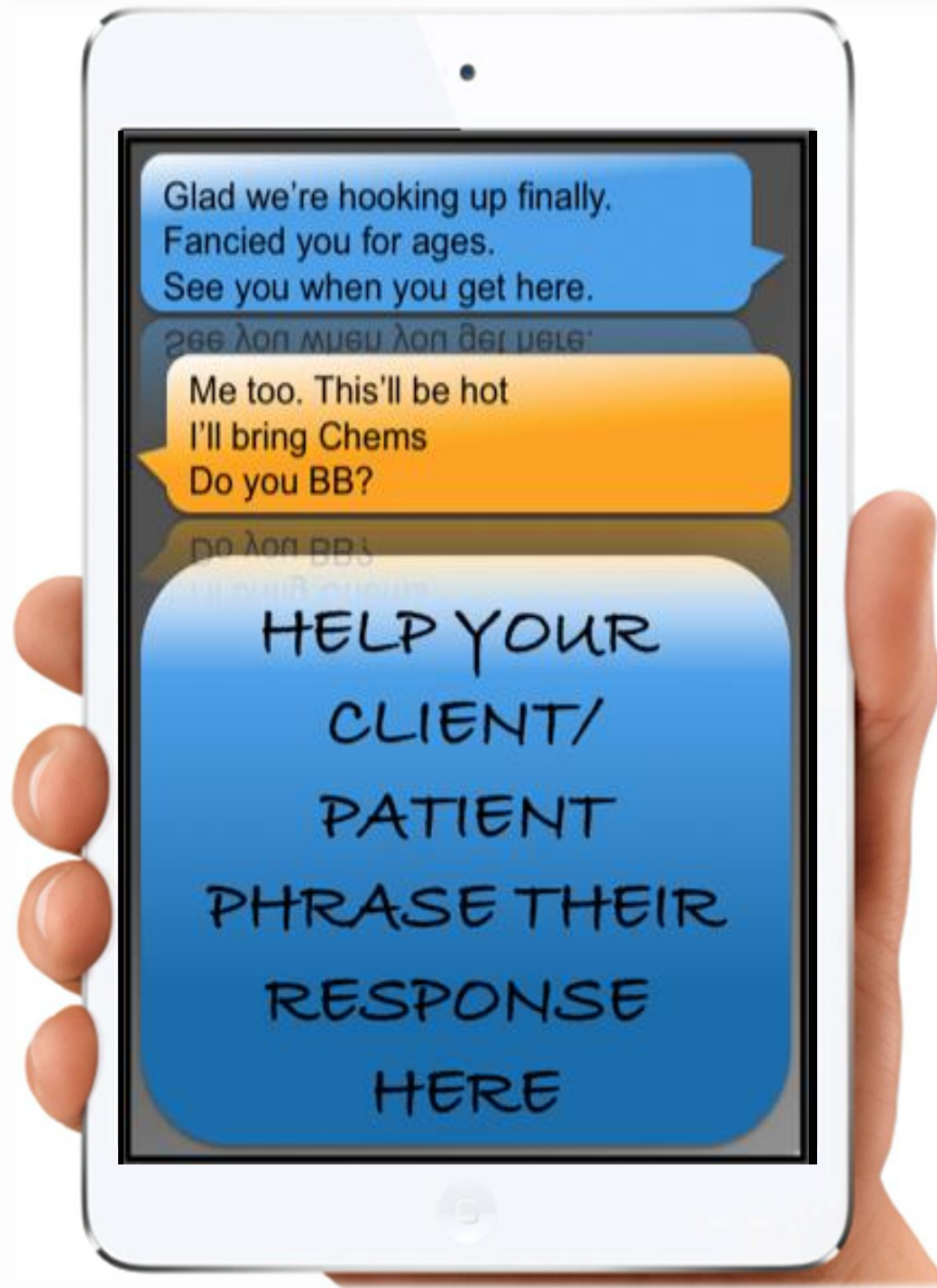
Questions to ask; probing further

- “Do you use Party Drugs for sex?”
- (and if so...) “Tina, Mephedrone or G?”
- “Are you taking G every day?”
(and if so.. It can be dangerous to stop without medical advice)
- “How long do you stay awake for?”
- “Have you had any bad experiences?” (eg; paranoia)
- “Do you sometimes regret the choices you make when high?”
- **When did you last have sober sex?**
- “What’s your non-sexual/non-clubbing social life like?”
- “Are you slamming (*injecting*) ?”
- “Do you want to talk to someone about being safer with drugs?”

Contributing Factors

- Confusion around current HIV messages
- Condom fatigue
- Gay Scene 'norms', online sex culture
- Poor understanding of how to form intimacies & relationships
- Shame around sex
- 'Everybody does it'
- It feels good



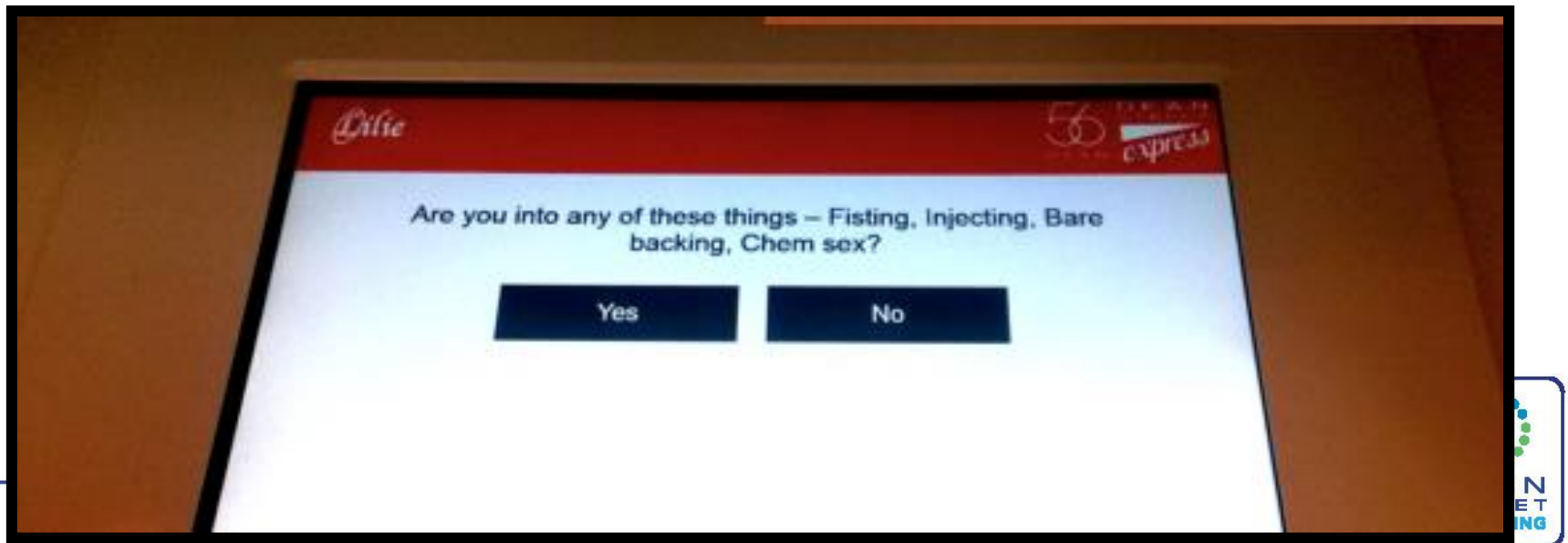
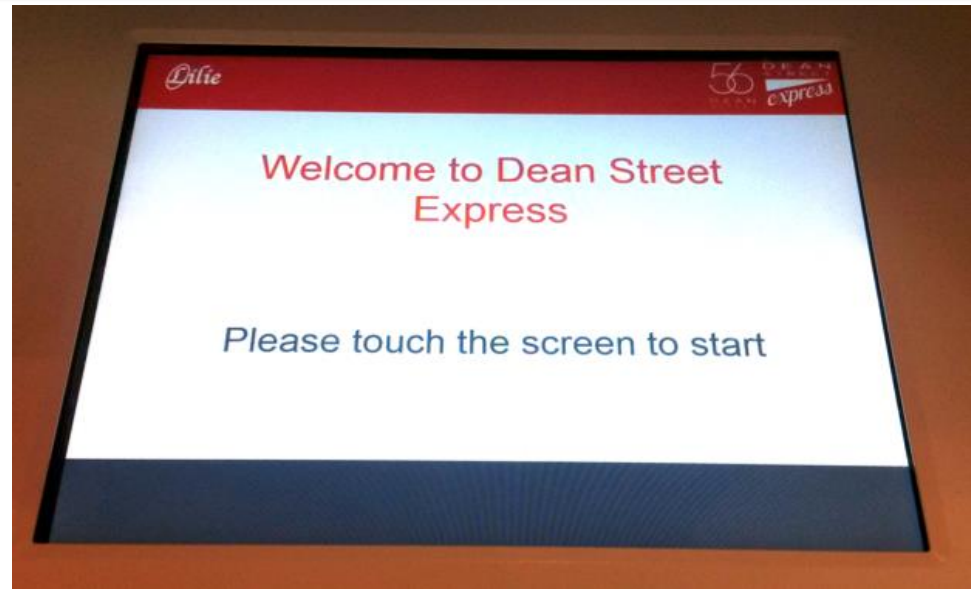
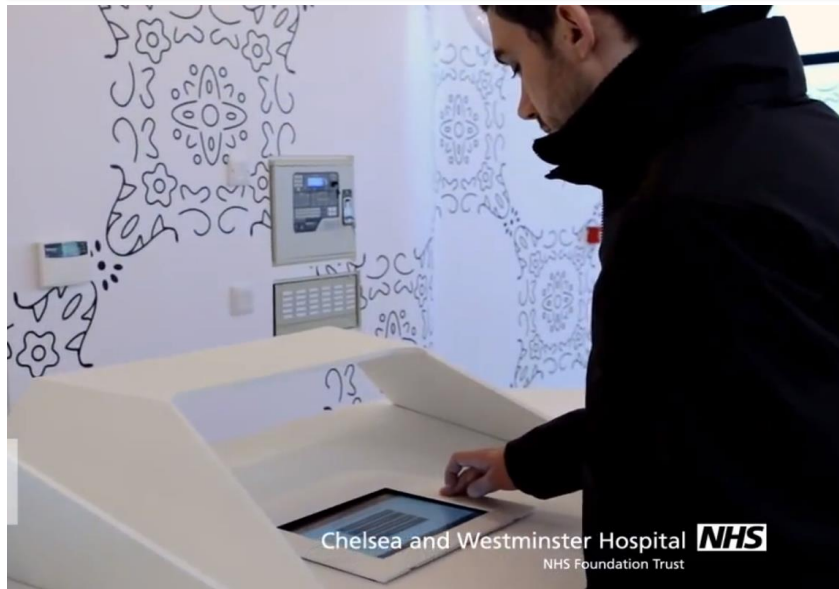


Glad we're hooking up finally.
Fancied you for ages.
See you when you get here.

Me too. This'll be hot
I'll bring Chems
Do you BB?

HELP YOUR
CLIENT/
PATIENT
PHRASE THEIR
RESPONSE
HERE

Simplifying access to treatment





The 56 Dean Street response;



SEXUAL WELLBEING PROGRAMME

SOBER SEX A PSYCHOSEXUAL PERSPECTIVE

A workshop for therapists
with
Remziye Kunelaki



WWW.CHEMSEXSUPPORT.COM

(FROM 56 DEAN STREET)



For chem users

How to access support

Tips for safer use/drug info/sexual health info



Behaviour change video library (craving management, reduction tips, sober sex advice, safer play information)

List of London recreational/social alternatives to bars, clubs, saunas, chems



For professionals

- A working definition, ChemSex
- Referral information
- Video tutorials/conducting ChemSex interventions
- Resources/tools for working with ChemSexers
- Papers on adapting services to be ChemSex efficient
- ChemSex research
- Drug–drug interactions



Film



WELLBEING

Film



CHEMSEX

The image shows the title 'CHEMSEX' in a white, serif font centered on a dark background. Behind the text is a complex, glowing orange and yellow pattern that resembles a molecular structure or a chemical reaction, with lines radiating outwards from a central point.

Drug-Drug Interactions

Several widely used recreational drugs are metabolised by either CYP2D6 or CYP3A4, the same liver enzymes which metabolise ritonavir and cobicistat. These are:

- | | |
|---|-----------------|
| •Crystal methamphetamine (crystal, tina, meth) | – moderate risk |
| •MDMA (ecstasy, X, mandy) | – moderate risk |
| •Mephedrone (miaw miaw, plant food, bath salts) | – moderate risk |
| •Ketamine (K, vitamin K, special K) | – higher risk |
| •Erectile dysfunction drugs (Viagra, Cialis, Levitra) | – higher risk |
| •Benzodiazepines (benzos, Valium, Xanax) | – higher risk |

Effectively, causing overdoses

Risks are greater still in first month or two after beginning treatment

GHB/GBL overdoses are very common; the risks of DDIs with PIs are still un-researched.

Discussing these known and unknown DDI risks with patients can be challenging for clinicians; multi-disciplinary support from pharmacists, Health Advisors and substance misuse practitioners can be helpful in supporting our patients with adherence and retaining them in care.

(Ref; Bracchi M et al. Increasing use of 'party drugs' in people living with HIV on antiretrovirals: a concern for patient safety.

AIDS 29: 1585-1592, 2015.)

ChemSex CARE PLAN



Care Plan, ChemSex

Name

DATE

Part 1: What is your goal? Abstinence? ☐ Reduced use? ☐ Controlled use? ☐ Safer use? ☐

To keep your goals small, realistic and achievable, and to gain a feeling of accomplishment...

Try committing to a period of abstinence (with our support for); 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐

How confident are you to achieve this goal?

Not confident 1 2 3 4 5 6 7 8 9 10 Confident

Is your confidence score is less than 7? Re-adjust your goal to improve your confidence

Abstinence goal; 1 week ☐ 2 weeks ☐ 3 weeks ☐ 1 month ☐

Now rate your confidence level again (and keep adjusting until your confidence level is 8 or higher)

Not confident 1 2 3 4 5 6 7 8 9 10 Confident



Part 2: Managing triggers

(These can be boredom, loneliness, feeling horny, playing on Apps/hooks-up sites, times of day, journeys home from work, etc)

When are your cravings/triggers likely to happen?

Home alone ☐ weekends ☐ Friday/Sat nights ☐ When playing online ☐ When drinking ☐

Name others: _____

What can you do differently next time you feel a craving/trigger?

What supportive person can you call if you feel a craving/trigger?

What enjoyable/productive things can you plan into your upcoming free time, to keep yourself occupied?

It might be wise to abstain from sex, as well as sex apps, during this vulnerable time, as it might trigger you further. If this is unlikely, or unattractive to you, what might you have to do differently to enjoy sober sex?

Part 3: Follow-up support? When can you return to follow-up your Care Plan?

Perfect storm of:

- A promiscuous population
- High HCV/HIV prevalence
- High-risk sex practices
- Increased (naïve) injecting use
- Poor or non-existent care pathways
- Lack of awareness and knowledge among clinicians of the 'ChemSex environment'
- Shame/stigma amongst patient group, inhibiting honest disclosure
- Potential clusters of acute infections in a concentrated, but expanding population
- Complex psychological drivers

We need to be aware, communicate effectively with our patients, improve proformas, and affect happy referrals to appropriate ChemSex support, to treat early, and avoid continued behaviour that leads to co-morbidities multiple re-infections

Work with MSM voluntary sector, to mobilise community response to ChemSex and stigma